

ECS Configuration Change Request

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CCR No.	96-1168	Logged Date	10/9/96	Rev.	-	Request Type	CCR
Priority	Routine <input type="checkbox"/>	Urgent <input type="checkbox"/>	Emergency <input checked="" type="checkbox"/>	Affected Release	A	Change Class	
Title Verify Fail-over Assumptions							
Documents Affected				Source Nos (RID, NCR, etc.) or Tech Reference			
None							
RTM Change <input type="checkbox"/> Start New Baseline <input type="checkbox"/>							
Problem In order to complete the MSS Server fail-over implementation, it is necessary to verify the basic assumptions of the design. Items for verification include: 1. RAID usage. 2. IP address and host name reuse. 3. Time required to fail-over.							
Proposed Solution 1. Obtain root privilege for ‘achang’ on MSS and CSS hosts of an LSM on mini-DAAC, for rebooting and running privileged utility command purposes. 2. Retrieve a FDDI card from one of the HP machines of SMC on mini-DAAC, and put it into the CSS host of the LSM on mini-DAAC. This is a temporary measure. 3. Use the installed software such as HPOV to test the scenario.							
Impact Analysis: <div style="display: flex; justify-content: space-between;"> Organizations Affected: BOO <input type="checkbox"/> Contracts <input type="checkbox"/> ESO <input type="checkbox"/> FOS <input type="checkbox"/> M&O <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> QA <input type="checkbox"/> Rel. A <input checked="" type="checkbox"/> Rel. B <input type="checkbox"/> Rel. IR1 <input type="checkbox"/> MRS <input type="checkbox"/> SMO <input type="checkbox"/> Subconts <input type="checkbox"/> </div> <p style="margin-left: 100px;">Other _____</p> <div style="display: flex; justify-content: space-between;"> Cost: None <input checked="" type="checkbox"/> Small <input type="checkbox"/> <small>(Not exceeding \$100,000)</small> Medium <input type="checkbox"/> <small>(\$100,000 to \$500,000)</small> Large <input type="checkbox"/> <small>(Over \$500,000)</small> </div> <div style="display: flex; justify-content: space-between;"> Schedule: None <input checked="" type="checkbox"/> Other _____ </div> <div style="display: flex; justify-content: space-between;"> Additional LOC 0 _____ Man-Months 0 _____ </div> <div style="display: flex; justify-content: space-between;"> Materials 0 _____ </div>							
Originator <u>Albert Chang</u> _____ <div style="text-align: center; width: 100%;">SignatureDate</div> Office _____ Office Manager _____ <div style="text-align: center; width: 100%;">SignatureDate</div>							
Disposition Approved <input type="checkbox"/> Approved w/Comment <input type="checkbox"/> Forward <input type="checkbox"/> Disapproved <input type="checkbox"/>							
Comments: 							
CCB Chairperson _____ <div style="text-align: center; width: 100%;">SignatureDate</div>							